

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028607

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3866

STATE FILE NUMBER

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
79 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Forest Ave. Nursing Hm

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2454 Tracy

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
MARIA ROBERTS

4. DATE OF DEATH
Month Day Year
July 6, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/16/83

9. AGE (last birthday)

79 Yrs.

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Eli Clymer

13b. MOTHER'S MAIDEN NAME

Amanda Williams

14. NAME OF HUSBAND OR WIFE

Eli Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no -----

16. SOCIAL SECURITY NO.

17. INFORMANT

George Jackson

Address

4644 Cleveland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Toxemia & Dehydration

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio- sclerotic Heart Disease

DUE TO (c)

Gangrene of Right Foot

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-15-63 to July 5, 1963

Death occurred at 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George H. Taft, M.D.

(Degree or title)

22b. ADDRESS

2204 E. 18th St.

22c. DATE SIGNED

7-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/9/1963

23c. NAME OF CEMETERY OR CREMATORY

Lincoln Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Mrs. Meek's Mortuary

ADDRESS

K. C. Mo.

25. DATE RECD. BY LOCAL REG.

7-9-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George H. Taft

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Millard B. Parker

Licensed Embalmer No.

5013

P. O. Address

K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.